AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

January 24, 2023

Mr. Isaac Spilman, Administrator
Elderwood At Burlington
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Mr. Spilman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 28, 2022.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M Cota RN

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475030	A. BUILDING ______ B. WING ______	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELDERWOOD AT BURLINGTON	98 STARR FARM RD BURLINGTON, VT 05408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced onsite investigation of 1 complaint on 12/27 & 12/28/2022. The following regulatory deficiencies were identified as a result of this investigation.	F 000	The facility wishes to have this plan of correction stand as its written plan of compliance. Our date of compliance is January 20, 2023. Preparation and/or execution of this does not constitute an admission or agreement with the existence of or scope and severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.	Jan 20, 2023
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that residents were free from neglect for 1 of 5 residents reviewed (Resident #1). Findings include: Per record review, Resident #1 was admitted to the facility on 3/22/2022 from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated stercocolitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid	F 600	F600- Freedom from Abuse, Neglect, and Exploitation Resident #1 allegations of neglect were immediately addressed the resident returned on 12/20/22 with new medication orders with next daily dose to be administered 12/21/22. Resident had stat labs on 12/27/22. Resident remains on medication with follow up labs for 1/18/23 and was seen by the provider on 12/28/22. To identify other residents' potential impacted by this deficient practice an audit of all residents receiving medication that requires intermittent lab levels for dose adjustments were reviewed and labs were ordered as per MD. All transitions of care for any new admission starting 12/9 to 1/13/2023 were reviewed for any stop date orders for medication with no additional findings. To ensure that the deficient practice does not recur an admission checklist was instituted on 1/1/23, which includes a third check being conducted by the DON of all transition of care within 24-48 hours	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 1/17/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 600	Continued From page 1	F 600		

gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to take the Levothyroxine. On 3/23/2022 the facility physician saw the resident for an admission visit and noted the Hypothyroidism Diagnosis and indicated the condition was well-managed, and there were currently no symptoms of thyroid disease present. The physician ordered a Thyroid Stimulating Home (TSH) test to be draw on the next laboratory (lab) draw and will adjust dosing of Levothyroxine as needed based on lab value and will continue to follow with periodic lab work. The resident did have lab work including a TSH drawn on 3/29, 5/18 and 5/23/2022, and none of those labs were indicative of levels within the therapeutic range and finally a lab draw on 6/15/2022 did indicate the therapeutic level had been reached.

The resident went out to the hospital on 7/21/2022 returning on 7/29/2022. When the resident returned to the facility the TOC indicated Levothyroxine 100mcg a day for only 30 days. The facility has a system in place that 2 nurses are to verify that orders are correct before placing them into the resident record, neither nurse noted anything about the fact that the Levothyroxine for only prescribed for a 30-day period of time despite the fact that treatment with Levothyroxine is lifelong.

On 7/29/2022 a nurse documented that all TOC medications were entered into the system and the

The corrective actions will be monitored by a weekly audit of all transitions of care and admission checklists for four weeks. Then random audits of transitions of care and admission checklist monthly for three months or until substantial compliance is achieved.

Results of these audits will be brought to the QAPI committee for review monthly for 3 months.
The Director of Nursing is responsible for this plan of correction.
Substantial compliance will be achieved by Jan 20, 2023.

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F 600 Continued From page 2 F 600

Nurse Practitioner (NP) stated s/he had seen the TOC and to go ahead with the order, but clarification was needed for the Intravenous Therapy (IV) Protonix (a medication used to treat gastroesophageal-reflux-disease - GERD) since the facility does not provide that medication as an IV. There was no mention of the fact that the Levothyroxine was only ordered for 30 days.

On 8/1/2022 the NP saw the resident for a readmission visit and documented incorrectly under the current medications list - Levothyroxine 150mcg a day. The NP also documented that a medication reconciliation had been completed and that diagnostic testing had been reviewed. During this visit the resident requested to return to the hospital for continued issue with constipation and recurrent episodes of SBO and the resident was transported to the hospital.

The resident returned on 8/6/2022 and again the TOC indicated Levothyroxine 100mcg for 30 days only. On 8/6/2022 a nurses reviewed the orders from the TOC over the phone with the on-call provider and no changes to the orders were made at that time, despite the fact that the Levothyroxine was only ordered for 30 days from the previous 7/29/2022 date of discharge from the hospital. A second nurse also reviewed the orders for accuracy.

On 8/29/2022 the resident received her last dose of the Levothyroxine 100mcg per the 30-day physician order on the TOC from the hospital and the medication dropped off the Medication Administration Record (MAR) at that time. There is no evidence in the Electronic Health Record (EMR) of anyone questioning why the medication, that is required to be taken indefinitely, was no

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F 600	Continued From page 3	F 600		

longer ordered.

On 9/30/2022 the NP saw the resident for a regular visit and again documented incorrectly that the current medications included Levothyroxine 150mcg a day. Again, the NP documented that a medication reconciliation had been completed and that diagnostic testing had been reviewed.

On 8/11, 9/7, 10/6, 11/8 and 12/5/2022 the consultant pharmacist conducted the required Medication Regime Review and on each of these dates documented "no recommendations at this time", despite the fact the TOC incorrectly listed only 30 days of Levothyroxine in July 2022 and the resident was no longer receiving Levothyroxine as of 8/30/2022, and that treatment with Levothyroxine is lifelong. The resident went without Levothyroxine for 2 days in August 2022, 30 days in September 2022, 31 days in October 2022, 30 days in November 2022 and 19 days in December 2022.

The physician at the hospital for the 12/19/2022 inpatient admittance, indicated that endocrine was consulted because the resident was found to be overtly hypothyroid. Laboratory tests showed a very high TSH level and an undetectably low Thyroxine level (Free T4). While at the hospital there was concern that there was no evidence on medication list from the facility that was taking Levothyroxine, as had previously been taking when being seen at the hospital.

The December 2022 hospitalization also showed the resident was diagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection

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F 600 Continued From page 4

versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on 12/20 and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the December hospitalization could have been avoided.

Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that there were opportunities for both the NP and the pharmacist to realize that the Levothyroxine was no longer being given and that there was a system failure that led to medical neglect.

Per review of this record, and multiple interviews, there was a facility multi-system failure to prevent medical neglect of Resident #1, and there was harm as a result. See citations at F711, F756, and F760 for more detail and confirmations.

F 600 — Tag F 600 POC Accepted 1/24/23 by L.Lovell/P.Cota

F 711 SS=G Physician Visits - Review Care/Notes/Order
CFR(s): 483.30(b)(1)-(3)

F 711

§483.30(b) Physician Visits
The physician must-

§483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this

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F 711 Continued From page 5
section;

§483.30(b)(2) Write, sign, and date progress notes at each visit; and

§483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.
This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the physician failed to ensure that the onsite review of the resident's total program of care included accurate medication reconciliation and monitoring of medications for 1 of 5 residents (Resident #1).
Findings include:

Per record review, Resident #1 was admitted to the facility on 3/22/2022 from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated stercocolitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to take the Levothyroxine. On 3/23/2022 the facility physician saw the resident for an admission visit and noted the Hypothyroidism Diagnosis and indicated the condition was well-managed, and there were currently no symptoms of thyroid

F711 Physician Visits

F 711 Resident #1 returned on 12/20/22 with new medication orders with next daily dose to be administered 12/21/22. Resident had stat labs on 12/27/22. Resident remains on medication with follow up labs for 1/18/23.
Resident #1 was seen on 12/28/23 by the medical director.

To identify other residents potentially impacted by this deficient practice an audit of all residents receiving medication that requires intermittent lab levels for dose adjustments were reviewed and labs were ordered as per MD. New standing lab orders for admissions, lab intervals for long term care residents, and therapeutic drug lab intervals, were created in PCC as specified by Medical Director.

The following measures will be put into place to ensure that the deficient practice does not recur. A resident Med Review Report will be printed for all mandated visits per policy and will be required to be signed by the provider ensuring review and reconciliation of current orders. The nursing staff who assist medical providers will be educated on the Medication Review Process and ensure each provider completes.

To monitor the corrective action all provider visits will be audited to ensure compliance with resident profile review and order reconciliation. This audit will be conducted weekly for 4 weeks then monthly for 3 months.

Results of these audits will be brought to the QAPI committee monthly for review for four months with remedial action taken as necessary. DOC 1/20/23

F 711 Continued From page 6 F 711

disease present. The physician ordered a Thyroid Stimulating Home (TSH) test to be draw on the next laboratory (lab) draw and will adjust dosing of Levothyroxine as needed based on lab value and will continue to follow with periodic lab work. The resident did have lab work including a TSH drawn on 3/29, 5/18 and 5/23/2022, and none of those labs were indicative of levels within the therapeutic range and finally a lab draw on 6/15/2022 did indicate the therapeutic level had been reached.

The resident went out to the hospital on 7/21/2022 returning on 7/29/2022. When the resident returned to the facility the TOC indicated Levothyroxine 100mcg a day for only 30 days. On 7/29/2022 a nurse documented that all TOC medications were entered into the system and the Nurse Practitioner (NP) stated s/he had seen the TOC and to go ahead with the order, but clarification was needed for the Intravenous Therapy (IV) Protonix (a medication used to treat gastroesophageal-reflux-disease - GERD) since the facility does not provide that medication as an IV. There was no mention by the NP of the fact that the Levothyroxine was only ordered for 30 days.

On 8/1/2022 the NP saw the resident for a readmission visit and documented incorrectly under the current medications list - Levothyroxine 150mcg a day. The NP also documented that s/he had spent 40 minutes on patient care and that a medication reconciliation had been completed and that diagnostic testing had been reviewed. The note also indicates that the plan of care was reviewed, and s/he agreed with the plan. During this visit the resident requested to return to the hospital for continued issue with

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F 711	Continued From page 7	F 711		

constipation and recurrent episodes of SBO and the resident was transported to the hospital.

The resident returned on 8/6/2022 and again the TOC indicated Levothyroxine 100mcg for 30 days only. On 8/6/2022 a nurses reviewed the orders from the TOC over the phone with the on-call provider and no changes to the orders were made at that time, despite the fact that the Levothyroxine was only ordered for 30 days from the previous 7/29/2022 date of discharge from the hospital.

On 8/29/2022 the resident received her last dose of the Levothyroxine 100mcg per the 30-day physician order on the TOC from the hospital and the medication dropped off the Medication Administration Record (MAR) at that time. There is no evidence in the Electronic Health Record (EMR) of anyone questioning why the medication, that is required to be taken indefinitely was no longer ordered.

On 9/30/2022 the NP saw the resident for a regular visit and again documented incorrectly that the current medications included Levothyroxine 150mcg a day. Again, s/he documented that they had spent 40 minutes on patient care and that a medication reconciliation had been completed and that diagnostic testing had been reviewed and that the plan of care was reviewed, and s/he agreed with the plan.

The resident went without Levothyroxine for 2 days in August 2022, 30 days in September 2022, 31 days in October 2022, 30 days in November 2022 and 19 days in December 2022, when the resident returned to the hospital and laboratory tests showed a very high TSH level and an

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F 711	Continued From page 8 undetectably low Thyroxine level (Free T4). While at the hospital there was concern that there was no evidence on his/her medication list from the facility that s/he was taking Levothyroxine, as she had previously been taking when being seen at the hospital. The December 2022 hospitalization also showed the resident was diagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on 12/20 and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the December hospitalization could have been avoided. Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that the NP had incorrectly documented the dose of Levothyroxine on 2 occasions and appeared unaware that the Levothyroxine had dropped off the MAR and that the resident was no longer receiving this medication.	F 711	Tag F 711 POC Accepted 1/24/23 by L.Lovell/P.Cota	
F 756 SS=G	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)	F 756		

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F 756 Continued From page 9

§483.45(c) Drug Regimen Review.
§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

§483.45(c)(2) This review must include a review of the resident's medical chart.

§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.
(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.
(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or rationale in the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
This REQUIREMENT is not met as evidenced by:

F 756 F756 Drug Regimen Review, report irregular, Act on
Resident #1 had a pharmacy review conducted on 1/3/2023 with no new recommendations. Resident #1 returned on 12/20/22 with new medication orders with next daily dose to be administered 12/21/22. Resident had stat labs on 12/27/22. Resident remains on medication with follow up labs for 1/18/23 and was seen by the provider on 12/28/22.

To determine other residents at risk, a house wide audit was conducted on all admissions since Dec 1 to verify all admission orders do not have 30 day stops on long term medications. All residents receiving medication that requires intermittent lab levels for dose adjustments were reviewed and labs were ordered as per MD. The following measures will be put into place to ensure that the deficient practice does not recur, the pharmacist was reeducated to review diagnoses with medications with each medication review.

To monitor the corrective action all pharmacy recommendations will be audited to ensure compliance with review of all medications with 30 day stop dates. This audit will be conducted weekly for 4 weeks for all new admissions and monthly for 3 months for long term residents.

Results of these audits will be brought to the QAPI committee monthly for review for four months with remedial action taken as necessary.
The Director of Nursing is responsible for this plan of correction.
Substantial compliance will be achieved by 1/20/23.

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F 756	Continued From page 10	F 756		

Based on record review and interview, the Licensed Pharmacist failed to ensure that an irregularity was identified and reported to the facility for 1 of 5 residents reviewed (Resident #1) Findings include:

Per record review, Resident #1 was admitted to the facility on 3/22/2022 from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated stercocolitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to take the Levothyroxine. On 3/23/2022 the facility physician saw the resident for an admission visit and noted the Hypothyroidism Diagnosis and indicated the condition was well-managed, and there were currently no symptoms of thyroid disease present. The physician ordered a Thyroid Stimulating Home (TSH) test to be draw on the next laboratory (lab) draw and will adjust dosing of Levothyroxine as needed based on lab value and will continue to follow with periodic lab work. The resident did have lab work including a TSH drawn on 3/29, 5/18band 5/23/2022, and none of those labs were indicative of levels within the therapeutic range and finally a lab draw on 6/15/2022 did indicate the therapeutic level had been reached.

The resident went out to the hospital on

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ELDERWOOD AT BURLINGTON	98 STARR FARM RD BURLINGTON, VT 05408

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F 756	Continued From page 11	F 756		

7/21/2022 returning on 7/29/2022. When the resident returned to the facility the TOC indicated Levothyroxine 100mcg a day for only 30 days. On 7/29/2022 a nurse documented that all TOC medications were entered into the system and the Nurse Practitioner (NP) stated s/he had seen the TOC and to go ahead with the order, but clarification was needed for the Intravenous Therapy (IV) Protonix (a medication used to treat gastroesophageal-reflux-disease - GERD) since the facility does not provide that medication as an IV. There was no mention of the fact that the Levothyroxine was only ordered for 30 days.

The resident once again went to the hospital on 8/1/2022 and returned on 8/6/2022 again the TOC indicated Levothyroxine 100mcg for 30 days only. On 8/6/22 a nurses reviewed the orders from the TOC over the phone with the on-call provider and no changes to the orders were made at that time, despite the fact that the Levothyroxine was only ordered for 30 days from the previous 7/29/2022 date of discharge from the hospital.

On 8/29/2022 the resident received last dose of the Levothyroxine 100mcg per the 30-day physician order on the TOC from the hospital and the medication dropped off the Medication Administration Record (MAR) at that time. There is no evidence in the Electronic Health Record (EMR) of anyone questioning why the medication, that is required to be taken indefinitely was no longer ordered.

The consultant pharmacist conducted the required Medication Regime Review on 8/11, 9/7, 10/6, 11/8 and 12/5/2022. Part of the Medication Regime Review is to review the resident's

F 756 Continued From page 12 F 756

medical chart including current medications and report irregularities. On each of these dates the pharmacist documented "no recommendations at this time", despite the fact the TOC incorrectly listed only 30 days of Levothyroxine in July 2022 and the resident was no longer receiving Levothyroxine as of 8/30/2022, and that treatment with Levothyroxine is lifelong.

The resident went without Levothyroxine for 2 days in August 2022, 30 days in September 2022, 31 days in October 2022, 30 days in November 2022 and 19 days in December 2022, when the resident returned to the hospital and laboratory tests showed a very high TSH level and an undetectably low Thyroxine level (Free T4). While at the hospital there was concern that there was no evidence on her medication list from the facility that she was taking Levothyroxine, as had previously been taking when being seen at the hospital.

The December 2022 hospitalization also showed the resident was diagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on 12/20 and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the

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F 756	Continued From page 13 December hospitalization could have been avoided. Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that the pharmacist did not report any irregularities to the facility for the 5 monthly Medication Regime Reviews that were conducted during the time that the Levothyroxine was not being given to the resident.	F 756	Tag F 756 POC Accepted 1/24/23 by L.Lovell/P.Cota F760 Residents are free of significant med errors Resident #1 returned on 12/20/22 with new medication orders with next daily dose to be administered 12/21/22. Resident had stat labs on 12/27/22. Resident remains on medication with follow up labs for 1/18/23. To identify other residents' potential impacted by this deficient practice an audit of all residents receiving medication that requires intermittent lab levels for dose adjustments were reviewed and labs were ordered as per MD. All transitions of care for any new admission starting 12/9 to 1/13/2023 were reviewed for any stop date orders for medication with no additional findings. To ensure that the deficient practice does not recur an admission checklist was instituted on 1/1/23. A third check will be conducted by the DON of all transition of care within 24-48 hours. The corrective actions will be monitored by a weekly audit of all transitions of care and admission checklists for four weeks. Then random audits of transitions of care and admission checklist monthly for three months or until substantial compliance is achieved. Results of these audits will be brought to the QAPI committee for review monthly for four months. The Director of Nursing is responsible for this plan of correction. Substantial compliance will be achieved by 1/20/23.	
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 5 applicable residents (Resident #1) are free of significant medication errors. Findings include: Per record review, Resident #1 was admitted to the facility on 3/22/2022 from an acute care hospital following a small bowel obstruction (SBO) necessitating an exploratory laparotomy secondary to a perforated stercocolitis. The resident has a long-standing diagnosis of Hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone). This condition was treated with Levothyroxine 100mcg a day (a medication replacing the missing thyroid hormone Thyroxine and is taken indefinitely, although the dose may change over time). Upon admittance to the facility the Transition of Care (TOC) from the hospital indicated the resident should continue to	F 760		

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F 760	Continued From page 14	F 760		

take the Levothyroxine. On 3/23/2022 the facility physician saw the resident for an admission visit and noted the Hypothyroidism Diagnosis and indicated the condition was well-managed, and there were currently no symptoms of thyroid disease present. The physician ordered a Thyroid Stimulating Home (TSH) test to be draw on the next laboratory (lab) draw and will adjust dosing of Levothyroxine as needed based on lab value and will continue to follow with periodic lab work. The resident did have lab work including a TSH drawn on 3/29, 5/18, and 5/23/2022, and neither of those labs were indicative of levels within the therapeutic range and finally a lab draw on 6/15/2022 did indicate the therapeutic level had been reached.

The resident went out to the hospital on 7/21/2022 returning on 7/29/2022. When the resident returned to the facility the TOC indicated Levothyroxine 100mcg a day for only 30 days. The facility has a system in place that 2 nurses are to verify that orders are correct before placing them into the resident record, neither nurse noted anything about the fact that the Levothyroxine for only prescribed for a 30-day period of time despite the fact that treatment with Levothyroxine is lifelong.

On 7/29/2022 a nurse documented that all TOC medications were entered into the system and the Nurse Practitioner (NP) stated s/he had seen the TOC and to go ahead with the order, but clarification was needed for the Intravenous Therapy (IV) Protonix (a medication used to treat gastroesophageal-reflux-disease - GERD) since the facility does not provide that medication as an IV. There was no mention of the fact that the Levothyroxine was only ordered for 30 days.

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F 760	Continued From page 15	F 760		

On 8/1/2022 the NP saw the resident for a readmission visit and documented incorrectly under the current medications list - Levothyroxine 150mcg a day. The NP also documented that a medication reconciliation had been completed and that diagnostic testing had been reviewed. During this visit the resident requested to return to the hospital for continued issue with constipation and recurrent episodes of SBO and the resident was transported to the hospital.

The resident returned on 8/620/22 and again the TOC indicated Levothyroxine 100mcg for 30 days only. On 8/6/2022 a nurses reviewed the orders from the TOC over the phone with the on-call provider and no changes to the orders were made at that time, despite the fact that the Levothyroxine was only ordered for 30 days from the previous 7/29/2022 date of discharge from the hospital. A second nurse also reviewed the orders for accuracy.

On 8/29/2022 the resident received her last dose of the Levothyroxine 100mcg per the 30-day physician order on the TOC from the hospital and the medication dropped off the Medication Administration Record (MAR) at that time. There is no evidence in the Electronic Health Record (EMR) of anyone questioning why the medication, that is required to be taken indefinitely was no longer ordered.

On 9/30/2022 the NP saw the resident for a regular visit and again documented incorrectly that the current medications included Levothyroxine 150mcg a day. Again, the NP documented that a medication reconciliation had been completed and that diagnostic testing had

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F 760	Continued From page 16	F 760		

been reviewed.

On 8/11, 9/7, 10/6, 11/8 and 12/5/2022 the consultant pharmacist conducted the required Medication Regime Review and on each of these dates documented "no recommendations at this time", despite the fact the TOC incorrectly listed only 30 days of Levothyroxine in July 2022 and the resident was no longer receiving Levothyroxine as of 8/30/2022, and that treatment with Levothyroxine is lifelong.

The resident went without Levothyroxine for 2 days in August 2022, 30 days in September 2022, 31 days in October 2022, 30 days in November 2022 and 19 days in December 2022, when the resident returned to the hospital and laboratory tests showed a very high TSH level and an undetectably low Thyroxine level (Free T4). There was concern that there was no evidence on her medication list from the facility that was taking Levothyroxine, as had previously been taking when being seen at the hospital.

The December 2022 hospitalization also showed the resident was diagnosed with Parainfluenza and Pericardial Effusion which was likely in the setting of inflammatory state given viral infection versus overt hypothyroidism. S/he was found to be bradycardic likely a reflection of his/her hypothyroidism. Levothyroxine was restarted and a request for follow up laboratory testing be done to monitor the Thyroxine levels. The resident was returned to the facility on 12/20 and remains in the facility at present and laboratory testing has been done to monitor Thyroxine levels. Per interview with the physician who treated the resident at the hospital, had this lack of Levothyroxine continued it could have been life

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F 760	Continued From page 17 threatening and quite possibly had the resident's Thyroxine been in the therapeutic range the December hospitalization could have been avoided. Per interview on 12/27/2022 at approximately 12:15pm the acting Director of Nursing (DNS) confirmed that the resident did not receive the required dose of Levothyroxine from August 30th until s/he was readmitted to the hospital on December 19, 2022.	F 760	Tag F 760 POC Accepted 1/24/23 by L.Lovell/P.Cota	